

Tri County Community Network
Intermountain Community Center
Children's Program Admission Agreement

Our Mission Statement:

We are committed to providing a caring, safe and loving environment that fosters the healthy growth and development of the children that we serve.

Pre-Kindergarten

- Monthly Charges as of July 1st, 2014
- Serving ages 2.5 - 5 years (Children MUST be toilet trained)
- 8:30am - 11:30am
 - 2 days per week - \$98.00
 - 3 days per week - \$148.00
 - 4 days per week - \$198.00
 - 5 days per week - \$247.00
- Tuition is due on the first of each month.
- Late fee of \$15 will be charged after the fifteenth (15th) of each month on outstanding balances.
- \$20.00 fee will be assessed on all returned checks.
- Closing time is 6:00pm. Late pick up is \$10.00 for every 5 minutes past 6:00pm.
- Tuition is prorated for the course of the school year (September - May). No discount for vacations and holidays.
- Sick days can be made up within 30 days, with a courtesy call when your child is sick.
- A 30-day notice is required for withdrawal.
- Immunization records are mandatory for preschool.

I have read and accept these terms Initial_____

School Age/Extended Day/Summer Program

- \$2.94 hourly charges with one hour minimum.
- Childcare is offered 7:30 am -8:30am and 11:30 am- 6:00 pm Monday - Friday, September - May.
- Childcare is offered 7:30 am-6:00 pm Monday -Friday, June - August.
- Fees are billed at the end of the month.
- Late fee of \$15 will be charged after the fifteenth (15th) of each month on outstanding balances.
- Closing time is 6:00pm. Late pick up is \$10.00 for every 5 minutes past 6:00pm.
- Ages 2.5 - 12 years (Children must be toilet trained).
- Any rate changes will occur following a thirty-day written notice.
- A \$20.00 fee will be assessed on all returned checks.
- Updated enrollment and emergency contact information will be required each year.
- A Medical Justification form must be provided each year for any child with food allergies.

I have read and accept these terms Initial_____

Reasons for Termination of Agreement/Services

- Delinquent charges exceeding two months past due.
- Program cannot meet needs of child.

I have read and accept these terms Initial_____

Meals

- Breakfast is provided at no cost to you from 8:00am - 8:30am.
- Lunch is served from 11:30am-12:00pm. You are welcome to leave your child during this time, but you will be charged the child care rate. We will provide a "Hot Lunch" for \$3.25. Free and reduced (\$.40) lunches are available to income eligible families.
- Snack is served at 2:30pm for Preschool Age and 3:00pm for School Age students at no cost to you.

Program and Activities

- Materials, equipment and group activities will be designed to meet the needs of each child.
- Time and assistance is set aside for homework.
- Outdoor play WEATHER PERMITTING.
- Quiet time for children four and under.

Transportation

- Parents are responsible for transportation to and from preschool.
- Bus FROM Burney Elementary School is provided by the Elementary School.
- Bus to and from Head Start in Johnson Park provided by Head Start.

I have read and accept these terms

Initial_____

Discipline Statement

- Staff shall provide for the care and safety of all children without physical/verbal abuse, exploitation or prejudice.
- At no time will corporal punishment be used.
- Children shall be treated in a kind and respectful manner.
- Rules of conduct have been established to ensure the health and safety of your child.
- Children will be reminded of a violated rule. In the event of a second violation, child will be separated from the activity. Should additional violations occur, you will be contacted.
- If a child poses a threat to safety of other children or staff, she/he will be removed from the program.

I have read and accept these terms

Initial_____

Financial Responsibility:

I, _____, understand that I am ultimately responsible for any charges or fees and take full responsibility for my families account. Furthermore, I agree to all of these terms.

Signature of Responsible Person X _____ Date _____

Consent for Walking Field Trips and Use of Playground Equipment

I, _____, give permission for staff of Intermountain Community Center to take my child, _____, on short walking trips away from the Community Center. I give permission for my child to use all play equipment and participate in all activities of the Intermountain Community Center Children's Program.

Signature X _____ **Date** _____

Consent for Emergency Medical Treatment

As the parent or authorized representative, I hereby give consent to Intermountain Community Center to provide all emergency medical or dental care prescribed by a duly licensed Physician (M.D.), Osteopath (D.O), or Dentist (D.D.S.) for medical emergencies that may occur when I cannot be contacted by telephone.

Childs Name _____ This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the child named above.

Please list any allergies to food or medication child has:

Parent or Authorized Rep. Signature _____ Date _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent's Rights

Parents or Guardians have the right to visit and observe the Children's Program activities at any time during the hours and days of operation. We welcome and encourage your visits.

Complaint Procedure

Parents understand that they have the right to call or write the Licensing Agency if fault is found in the operation of the facility or treatment of their child. Call or write:

Community Care Licensing

520 Cohasset Road, Suite 6

Chico, CA 95626

530-895-5033

Please check the days you are requesting for your child.

Monday _____ **Tuesday** _____ **Wednesday** _____ **Thursday** _____ **Friday** _____

